

Now . . . for Members of



**THE AMERICAN
PHYSICAL THERAPY
ASSOCIATION**

**A NEW, IMPROVED
INCOME PROTECTION
PROGRAM**

Offering

**LIFETIME ACCIDENT BENEFITS
AND
FIVE YEARS' SICKNESS BENEFITS**

ELIGIBILITY

All members under age 69 actively engaged in their profession are eligible to apply, subject to acceptance by the Company. Members under age 55 are eligible for Plan 1, 2, 3, 4 or 5. Members age 55 to 60 are eligible for Plan 1, 2, 3 or 4. Members over age 60 are limited to Plan 1 or Plan 2.

After 50% of the eligible members have enrolled during the six-month charter enrollment, an open enrollment period will be held during which time all applicants will be accepted, REGARDLESS OF HEALTH, if they are under age 69 and working full time. Impaired members, however, will be limited to a maximum of \$200.00 a month in benefits (Plan 2).

PAYS YOU A MONTHLY BENEFIT—

\$500.00 a month for as long as a LIFETIME, subject to the deductible period, during total loss of time from covered ACCIDENTS.

\$500.00 a month for as long as FIVE YEARS for covered SICKNESS, subject to the deductible period*, during total loss of time beginning before age 65. Sickness benefits for total loss of time beginning after the Insured's 65th birthday are payable up to age 70, or for a period of TWO YEARS, whichever is longer.

*If, on the seven-day elimination plan, the Insured is hospitalized during the first seven days, sickness benefits are payable from the date of hospitalization.

\$250.00 a month for as long as three months, subject to the deductible period, during partial loss of time from covered ACCIDENTS.

AND—

up to \$125.00 for medical or surgical treatment of covered injuries for which no other benefits are paid.

(Above amounts based on benefits payable under Plan 5.)

ANNUAL PREMIUMS

Program A

1st-day Accident - 8th-day Sickness

PLAN	MONTHLY BENEFIT	Under Age 40	40-49	50-59	60-69
1	\$100.00	\$ 23.80	\$ 34.60	\$ 49.00	\$ 71.20
2	200.00	46.40	68.00	96.80	141.20
3	300.00	69.00	101.40	144.60	211.20
4	400.00	91.60	134.80	192.40	281.20
5	500.00	114.20	168.20	240.20	351.20

OPTIONAL WAITING PERIODS AVAILABLE—

Some members may have sick leave programs at their employment which they feel are adequate protection against short periods of disability. Optional programs with 14-day and 30-day waiting periods are therefore being made available at the following reduced rates.

Program B

15th-day Accident Coverage - 15th-day Sickness Coverage

PLAN	MONTHLY BENEFIT	Under Age 40	40-49	50-59	60-69
1	\$100.00	\$ 19.00	\$ 28.60	\$ 42.40	\$ 63.60
2	200.00	36.80	56.00	83.60	126.00
3	300.00	54.60	83.40	124.80	188.40
4	400.00	72.40	110.80	166.00	250.80
5	500.00	90.20	138.20	207.20	313.20

Program C

31st-day Accident Coverage - 31st-day Sickness Coverage

PLAN	MONTHLY BENEFIT	Under Age 40	40-49	50-59	60-69
1	\$100.00	\$ 15.00	\$ 23.40	\$ 35.20	\$ 54.40
2	200.00	28.80	45.60	69.20	107.60
3	300.00	42.60	67.80	103.20	160.80
4	400.00	56.40	90.00	137.20	214.00
5	500.00	70.20	112.20	171.20	267.20

Renewal premiums increase at ages 40, 50 and 60.

Semiannual premiums for each program are one-half the annual premium.

All applicants are limited to maximum indemnity limits established by the Company.

Note: Check for premium must accompany your application. Make check payable to Mutual of Omaha Insurance Company.

POLICY FORM 6A9

ALL PROGRAMS INCLUDE

ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFITS

For Loss of Life.....\$1,000.00

FOR LOSS OF

	A Sum Equal to the Monthly Benefit for
Both Hands or Both Feet or	
Sight of Both Eyes.....	46 Months
One Hand and One Foot.....	46 Months
One Hand or Foot and	
Sight of One Eye.....	46 Months
Speech and Hearing.....	46 Months
One Leg or One Arm.....	31 Months
Either Hand or Foot.....	23 Months
Speech or Hearing.....	23 Months
Sight of One Eye.....	23 Months

Accidental death and specific loss benefits are payable if the loss occurs within 180 days from the date of the accident. Only one amount (the largest applicable) will be paid for losses from any one accident. If total loss of time extends beyond the period represented by the above payment, the Insured will then be eligible for monthly disability payments.

SCHEDULE OF MINIMUM BENEFITS. The Insured is guaranteed a specified benefit payment for specific accidents. . .

EXAMPLE: In the event of a fractured or dislocated ankle, the Insured will receive benefits for AT LEAST one and one-half months, even though total loss of time does not last that long.

OTHER IMPORTANT FEATURES—

- Benefits are payable for covered sickness causing loss of time beginning while the policy is in force. Benefits are payable for covered accidents received while the policy is in force.
- Waiver of premium is in effect after six months of continuous covered total disability, providing the policy is then in force. It remains in effect as long as such compensable disability continues.
- House confinement is never required to collect sickness or accident benefits.
- No restrictive riders may be applied, because of changes in the Insured's health, after the policy is issued.
- The policy provides 31 days of grace for payment of each renewal premium.

AIR TRAVEL COVERAGE

Covers the Insured as a passenger in either commercial or private planes.

RENEWAL AGREEMENT

The insurance of the individual member under age 70 cannot be terminated by the Company as long as he pays his premium, remains a member of the Association and is actively engaged in his profession unless all like policies issued to members of the Association are terminated.

REHABILITATION PROVISION

If an Insured is receiving monthly benefits during a covered period of total disability, he may continue to receive such monthly benefits while participating in a Company approved vocational rehabilitation program for a period of not more than 12 months.

EXCLUSIONS

The only exclusions are: loss due to war or military service; suicide or attempted suicide; pregnancy, childbirth or resulting complications.

underwritten by



MUTUAL OF OMAHA INSURANCE COMPANY
Home Office — Omaha, Nebraska

The Greatest Name in Health Insurance

officially endorsed by

**THE AMERICAN
PHYSICAL THERAPY ASSOCIATION**

This brochure is presented as a matter of general information only and its contents should not be accepted or construed as a substitute for the provisions of the individual policy.